

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		2					60						
11		2					61						
12		2					62						
13	/						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		3					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		1					77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38	/						88						
39		1					89						
40		1					90						
41		1					91						
42	/						92						
43		1					93						
44		1					94						
45		1					95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	51		←	←	←	←	TOTAL DEP.	←	←	←	←		
TOTAL CLAIMS	57		QR	QR	QR	QR	TOTAL CLAIMS	QR	QR	QR	QR	QR	QR